

**Best Available Copy**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SC		3-894
O.I.P.E. CLASSIFIER		43	3/20/98
FORMALITY REVIEW	C.M.	71632	4-24-98

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	1/26/94
2	2/25/94
3	3/16/94
4	4/12/94
5	5/2/94
6	6/2/94
7	7/12/94
8	8/12/94
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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